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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

Application Number	09/517,314
Filing Date	March 2, 2000
First Named Inventor	Chih-Chen Cho
Group Art Unit	2811
Examiner Name	Donghee Kang
Attorney Docket No.	M4065.0223/P223

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

o, 1995, or to any design	application. See instruction offeet for NOES (in	00 00 000		. 10,011	pago z.		إــــــا
1. Submission red	quired under 37 CFR 1.114						
a. Previou	sly submitted						
i. Con	nsider the amendment(s)/reply under 37 CF unentered amendment(s) referred to above will be entered to above the entered to above th	FR 1.116 pre red).	viously filed	on			_
ii. Con	sider the arguments in the Appeal Brief or F	Reply Brief pr	eviously file	d on	The state of the s	<u> </u>	
iii. Oth	er				7	E.	
b. x Enclose	ed				¥ ;	iol o	<u>ו</u>
i. x Am	endment/Reply					DEX C	3
ii. Affic	davit(s)/Declaration(s)				•	SEF 22 CENTER 2800	?
iii. 🔲 Info	rmation Disclosure Statement (IDS)					17.1	8
iv. Oth	er					ત્ર 28	
2. Miscellaneous	1	· · · · · · · · · · · · · · · · · · ·				00	_
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· ·	sion of action on the above-identified ap						
a period	d of months. (Period of susper	nsion shall not ex	ceed 3 months	s; Fee unde	r 37 CFR 1.17(i)) required)	
b. Other							
3. Fees The RCE	fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114	when the RCE i	s filed.				
a. The Dir	ector is hereby authorized to charge the	following fe	es, or cred	it any ov	erpayments	s, to	
Deposit	Account No.						
i. x RCI	E fee required under 37 CFR 1.17(e)	09.	/16/2003 M	GEBREM1	00000145) 9 517314	
ii. Exte	ension of time fee (37 CFR 1.136 and 1.17)	01	FC:1801			750.	.00 C
iii. 🗍 Oth	er						
b. Check i	in the amount of \$	encle	osed				
c. x Paymer	nt by credit card (Form PTO-2038 enclosed)			,			
			A OFNE	5011155			
	SIGNATURE OF APPLICANT, ATTO						
Name (Print/Type)	Thomas J. D'Amico	Registration N	lo. (Attomey//	Agent)	28,371		
Signature	10.8	-	Date	Septe	mber 15, 2	2003	

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RECEIVED



Docket No.: M4065.0223/P223

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Chih-Chen Cho

Application No.: 09/517,314

Filed: March 2, 2000

Group Art Unit: 2811

Examiner: Donghee Kang

For: BACKEND METALLIZATION METHOD AND DEVICE OBTAINED THEREFROM

AMENDMENT

U.S. Patent and Trademark Office 2011 South Clark Place **Customer Window** Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

Dear Sir:

Responsive to the Office Action of July 14, 2003, rejecting claims 1, 3-11, 13-17, 25, 27-32, and 39, please amend the above-referenced patent application as follows:

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CLAIMS AS FILED - PART I. COPYOTHER THAN SMALL ENTITY (Column 1) (Column 2) TYPE OR SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE \$375 OR BASIC FEE **\$750** TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= MULTIPLE DEPENDENT CLAIM PRESENT OR +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY OR CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42 =X84= OR +140= +280= OR TOTAL TÖTAL ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AFTER **PREVIOUSLY** RATE TIONAL EXTRA RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= X84= OR +140= +280= OR TOTAL TOTAL ADDIT, FEE ADDIT, FEE

l-		(Column 1)		(Column 2)	(Column 3)			
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AMENDME	Total	ŧ	Minus	**	=			
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

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AMENDMENT

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[♣] If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.